

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213540490						
<div style="display: flex; justify-content: space-between;"> <div> 1.) CORPORATION NAME: Herman Miller, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS INC 4701 COX RD STE 301 GLEN ALLEN, VA </div> <div> DUE DATE: 8/31/2013 SCC ID NO: F1904186 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMMON</td> <td>240,000,000</td> </tr> <tr> <td>PREFER</td> <td>10,000,000</td> </tr> </tbody> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	240,000,000	PREFER	10,000,000
CLASS	AUTHORIZED							
COMMON	240,000,000							
PREFER	10,000,000							
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY								
4.) STATE OR COUNTRY OF INCORPORATION: MI								
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 855 EAST MAIN P O BX 302 CITY/ST/ZIP: ZEELAND, MI 49464 </div>								
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MARY VERMEER ANDRINGA TITLE: DIRECTOR ADDRESS: 855 EAST MAIN AVE CITY/ST/ZIP/CO: ZEELAND, MI 49464 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MARY VERMEER ANDRINGA TITLE: DIRECTOR ADDRESS: 855 EAST MAIN AVE CITY/ST/ZIP/CO: ZEELAND, MI 49464	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR				
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NAME:	JAMES R KACKLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	855 EAST MAIN AVENUE		
CITY/ST/ZIP/CO:	ZEELAND, MI 49464		
NAME:	DOROTHY A TERRELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	855 EAST MAIN AVENUE		
CITY/ST/ZIP/CO:	ZEELAND, MI 49464		
NAME:	DAVID ULRICH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	855 EAST MAIN AVENUE		
CITY/ST/ZIP/CO:	ZEELAND, MI 49464		
NAME:	MICHAEL A VOLKEMA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	855 EAST MAIN AVENUE		
CITY/ST/ZIP/CO:	ZEELAND, MI 49464		
NAME:	DANIEL C MOLHOEK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	855 EAST MAIN AVENUE		
CITY/ST/ZIP/CO:	ZEELAND, MI 49464		
NAME:	H TIMOTHY LOPEZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	855 EAST MAIN AVENUE		
CITY/ST/ZIP/CO:	ZEELAND, MI 49464		
NAME:	JEFFREY M STUTZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	855 EAST MAIN AVENUE		
CITY/ST/ZIP/CO:	ZEELAND, MI 49464		
NAME:	KEN GOODSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	855 EAST MAIN AVENUE		
CITY/ST/ZIP/CO:	ZEELAND, MI 49464		
NAME:	BRUCE BENEDICT WATSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EX CREATIVE DIR		
ADDRESS:	855 EAST MAIN AVENUE		
CITY/ST/ZIP/CO:	ZEELAND, MI 49464		
NAME:	ANDREW LOCK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP INTL		
ADDRESS:	855 EAST MAIN AVENUE		
CITY/ST/ZIP/CO:	ZEELAND, MI 49464		
NAME:	GREGORY J BYLSMA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP CFO		
ADDRESS:	855 EAST MAIN AVENUE		
CITY/ST/ZIP/CO:	ZEELAND, MI 49464		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DON GOEMAN EVP R&D 855 EAST MAIN AVENUE ZEELAND, MI 49464	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVE C GANE SR VP 855 EAST MAIN AVENUE ZEELAND , MI 49464	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LOUISE MCDONALD PRES OF HEALTH 855 EAST MAIN AVENUE ZEELAND, MI 49464	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL F RAMIREZ SR VP OF PEOPLE 855 EAST MAIN AVENUE ZEELAND, MI 49464	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CURTIS S PULLEN EVP PRES SALES 855 EAST MAIN AVENUE ZEELAND, MI 49464	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ JEFFREY MSTUTZ		JEFFREY MSTUTZ,		8/29/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		PRINTED NAME AND CORPORATE TITLE		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					